| YEAR:    |  |
|----------|--|
| SITE ID: |  |

# Type of Program: Air Quality Investment Program (AQIP)

## TYPE OR PRINT ALL INFORMATION

| mployer/Organizatio                               | on Name:                    |                            |             |                         |
|---|-----------------------------|----------------------------|-------------|-------------------------|
| Vorksite Address:                                 |                             | Chroset Names              |             | Time (Ct. Ave. Dhud.)   |
|   | Street Number (N, S, E, W)  | Street Name                |             | Type (St., Ave., Blvd.) |
| Unit / Suite                                      |                             | Location / Mail stop       |             |                         |
| City  |                             | State                      | Zip Code    | County (LA, OC, RS, SB  |
| Highest Ranking Offic                             | cial at this Site:          |                            |             |                         |
|   |                             | Name                       |             | Title                   |
| Mailing Address:<br>(If different from site addre | ess)                        |                            |             |                         |
| Phone Number: (                                   |                             | E-Mail Address:            |             |                         |
| Area Co   |                             |                            |             |                         |
| ax Number: (                                      | )                           | _                          |             |                         |
| Area Co   | ode                         |                            |             |                         |
| Contact Name:                                     |                             |                            |             |                         |
| Name  | е                           |                            |             | Title                   |
|   |                             |                            |             |                         |
| (If different from site addro<br>Phone Number: (  |                             | E-Mail Address:            |             |                         |
| Area Co   |                             | E-IVIAII AQUIESS.          |             |                         |
| Fax Number: (                                     | )                           |                            |             |                         |
| Area Co   |                             | _                          |             |                         |
|   | loyees reporting at this wo | arksita:                   |             |                         |
|   |                             |                            |             |                         |
| Lotal number of embi                              | loyees reporting within the | e designated window at thi | s worksite: |                         |
| . otal manibol of omp                             |                             |                            |             |                         |

| SITE ID: |  |
|----------|--|

### Section II - Registration and Investment Fees

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

South Coast Air Quality Management District **Transportation Programs** 21865 E. Copley Drive Diamond Bar, CA 91765

Please provide the site I.D. number on all checks. Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees. Please refer to Rule 311 for current Air Quality Investment Program (AQIP) registration fees and investment fees. Fees are subject to change each July 1st. Call (909) 396-FEES for latest information, or download Rule 311 from our Web Site at www.agmd.gov.

# **Registration Fees:**

| Site Street      | Address                         | City, Zip           | Amount Due |
|------------------|---------------------------------|---------------------|------------|
|                  | Late Fees, if applicable: (50%) | 6 of submittal fee) |            |
| Investment Fees: | Total F                         | Fees Submitted:     |            |

| Section II - Air Quality Investment Program (AQIP) Option  |    |
|--|----|
| <ol> <li>Enter the daily average number of employees reporting to work during the Peak Window of 6 am-<br/>10 am for a typical Monday through Friday period excluding those weeks which include a national<br/>holiday.</li> </ol> |    |
| If this is an Annual Option or the first year of a Triennial Option GO TO Line 2.  |    |
| If this is the second or third year of a Triennial Option GO TO Line 3.  |    |
| Multiply Line 1 times the dollar amount for annual or triennial option and enter that amount and STOP here.  | \$ |
| Remit this amount Check one: Annual \$60 Triennial \$125 plus the Registration Fee   |    |
| 3. If this is a Second or Third Year of a Triennial Option:  |    |
| Enter the additional number of employees relative to the first year of the Triennial Option.   |    |
| Multiply Line 3 times \$60 and enter that amount and STOP here.      Remit this amount plus the Registration Fee   | \$ |